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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/742,443			ling Date 22/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY ☑ OR SMALL ENTITY				
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (f), r	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A	]	N/A			N/A		
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	vings exceed 100 ation size fee due ty) for each tion thereof. See 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1			J			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	07/03/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 6	Minus	65	= 0	1	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	· 2	Minus	···5	= 0	1	X \$100 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1 16(1))	*	Minus	**	=	1	x s =		OR	x s =		
M	Independent (37 CFR 1.16(h))	•	Minus	***	=	]	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					]			]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
If the only is coloured in location the only is coloured units 100 miles							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	"If the othry in column 1 is less than the entry in column 2, write "O" in column 3. Legal Instrument Examiner:  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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